

## Department of Public Health

### Presentation to the Appropriations Committee

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Good morning Senator Harp, Representative Walker, and members of the Appropriations Committee. I am Dr. Jewel Mullen, Commissioner of the Department of Public Health, and I am here today to testify in support of the Governor's proposed budget for the Department of Public Health for the 2012-2013 biennium.

When it comes to understanding, quantifying and comparing the benefits of health related programs, public health is usually the underdog. People more often talk about cancer being cured than prevented. Interventions to treat cardiovascular disease are more likely to get recognition than efforts to control the risk factors (obesity, hypertension, diabetes and smoking) responsible for this leading cause of mortality in Connecticut. We talk about the quality of our water – that which we drink or enjoy for recreational activities – when there is a problem with it, but not usually when we go to the faucet or to the beach. Most parents who take their newborns home reassured they are free from a number of genetic diseases and metabolic conditions may not realize that our state lab works diligently to provide that information to hospitals – quickly and accurately. These are some of the examples of Department of Public Health's work that is supported by the Governor's proposed budget for 2012 and that enable us to advance the Department's mission to protect and improve the health and safety of the people Connecticut.

Between 2008 and 2011, the DPH state appropriation decreased from 94 million to just under 88 million dollars. Given the magnitude of our state's budget deficit, we are grateful that the Governor's proposed budget for the Department of Public Health is close to our current funding level. Appropriations which remain at or near current levels include: Immunization Services, Rape Crisis, Venereal Disease Control, Needle Exchange and School Based Health Centers.

The Governor's budget funds **Local and District Departments of Health** at an amount (\$30,000) slightly higher than in FY '11. This increase supports the regionalization of health districts in the state. DPH works in concert with the state's 77 local health departments/districts and two tribal nations, and numerous public and private organizations, health care providers, and academia to improve the health of Connecticut's constituents regardless of age, income, physical or mental capacity, ethnicity, race or residence. For instance, local and state public health professionals work together to address the threats in the event of food borne or communicable disease outbreaks, man-made or natural disasters, pandemics and vaccination efforts.

The Governor's Budget funds **XRAY Screening and Tuberculosis Control at \$1.2 million, \$820,101 higher than the amount appropriated in FY 2011.** This increase does not reflect new spending, however, as expenses for this fiscal year have been covered by transfers of unspent funds from the Fetal Infant Mortality Review, Community Health Services, Genetic

Diseases, and Medicaid Administration accounts. Last year, almost \$1 million was spent to pay for TB-related care and services for persons who would otherwise be unable to be treated for their TB. Most of this money was spent treating patients infected with TB but not yet sick with the goal of preventing progression of their infection to disease that might result in transmission to others.

A notable increased appropriation in the Governor's budget augments funding for the **State's Public Health Laboratory**. Our new lab is scheduled to open in 2012, relocated from the facility on Clinton Street in Hartford to Rocky Hill. The Connecticut Public Health Laboratory provides clinical and environmental testing for state and federal agencies, local health departments, hospitals, physicians, and law enforcement. In 2010, the Public Health Laboratory processed approximately 260,000 samples, utilizing 350 types of tests, and producing over 2 million analyses. The Public Health Laboratory is the only laboratory in the state that provides testing for outbreak investigations of food-borne pathogens, identification of new strains of influenza, testing for agents of biological or chemical terrorism, newborn screening, and rabies testing. The laboratory also tests drinking water and beach and bathing waters for a wide variety of contaminants. Although the laboratory does not charge sister agencies or local health departments, the value of these testing services is over \$7 million per year. Three new positions are proposed to support this new state-of-the-art facility.

The increased appropriation allows for hiring a facilities engineer who would be added in July 2011 to support the highly sophisticated and complex mechanical/engineering systems of the Laboratory. This staff member would have lead responsibility for the monitoring and maintenance of the BioSafety Level 3 laboratories and would be the point-person for installation of new equipment or instrumentation. He/she would also oversee the decommissioning of Clinton Street Laboratory. Two on-site information technology (IT) support positions are also proposed for July 2011. There are currently no state-funded IT support personnel assigned to the Laboratory. The Laboratory is presently in the process of installing a new Laboratory Information Management System (LIMS) which is critical to ensuring the exchange of timely, secure and quality public health data.

Still, as we anticipate these preserved or augmented funding levels, we also recognize that several decreased appropriations will result in cuts to a number of community based programs and services.

**Breast and Cervical Cancer Screening: Proposed Reduction of \$243,106.** A reduction of \$243,106 was taken in the Governor's proposal to account for an expansion of preventive services offered as a result of federal health care reform. Reductions correspond to the number of women who will now receive mammograms and cervical cancer screening paid for through private insurance, Medicare, and Medicaid.

**Community Health Centers (CHC) – proposed reduction of \$3.8 million:** The conversion of the State Administered General Assistance population to the Medicaid Low Income Adult program last spring has resulted in significant additional funding to federally qualified health

centers (FQHCs) through higher rates and increased utilization. The Governor's budget reduces funding for FQHCs in recognition of the decreased need for these uncompensated care accounts.

The \$2.6 million funding that remains in this account fulfills our state's requirement to comply with federal match requirements under the Maternal and Child Health Block Grant, including \$1 million for Planned Parenthood and \$244,000 for the Waterbury Health Access Program (WHAP). The Waterbury Health Access Program is a multi-institutional collaborative of health organizations in Waterbury, Connecticut with the mission of "improving access to the un-insured and under-insured residents of the Greater Waterbury region to high quality medical care by providing comprehensive case management, pharmacy assistance and access to primary and sub-specialty medical care."

**Fetal and Infant Mortality Review (FIMR): Eliminated.** Ensuring effective programs to address high fetal and infant mortality rates across the state is a priority for DPH that we believe can be an interagency effort in Connecticut. Along with the chronically high incidence in some of our largest cities, fetal and infant mortality rates are increasing in smaller cities such as Bloomfield and East Hartford. What may have been thought of as an isolated problem is really Connecticut's concern, one that requires community cohesion and partnership to address systemic factors and policies that perpetuate poor outcomes. A number of the State's existing federally funded programs address this issue – including Healthy Start, the Teen Pregnancy Prevention Program, and the Personal Responsibility Education Program. Aware that FIMR contracts were not executed this year, within DPH I already have begun conversations with staff to identify how we can partner more closely with the Departments of Education and Social Services to create and implement an integrative approach to addressing fetal and infant mortality.

**HIV Proposed Reduction of \$495, 260:** People living with HIV/AIDS (PLWHA) and people at risk of contracting HIV/AIDS may be impacted. Approximately 80% of the reduction will be applied to HIV prevention programs. The remaining 20% of the reduction will be applied to programs that provide support services to PLWHA. DPH will reduce funding for a few HIV prevention programs with components that have served lower numbers than expected because of difficulty with client recruitment and/or that are less evidence-based than other programs. Any HIV prevention program component that will be discontinued is part of a larger HIV prevention program that will continue to provide services. The current 11 Medication Adherence Programs for PLWHA may be reduced to nine programs.

In summary, despite enormous fiscal constraints, the budget before you is intended to preserve the core mission of the Department—to protect and improve the health and safety of the people of Connecticut. We accept the reality of these difficult fiscal times but are optimistic about the future, as I know we can achieve our mission by working together. Together, we can devise creative approaches and collaborative solutions for our state and our people. Thank you for giving me this opportunity to present the proposed budget for the Department of Public Health. And now I would be happy to answer your questions.

